

Utah Provider Manual for Primary Care Plan

Division of Health Care Financing

July 2002

Identification Card for Primary Care Plan

Below is a sample Identification Card for clients enrolled in the Primary Care Plan. The top third of the card is a tear-away with the client's name and address. The Card is printed on yellow card stock with the Department of Health logo in the background. There is an explanation of the Information on the card on the reverse side of this page.

DEPARTMENT OF WORKFORCE SERVICES
158 SOUTH 200 WEST
P.O. BOX 45490
SALT LAKE CITY UT 84145

JANE DOE
1234 FIRST STREET
ANYTOWN UT 84000

NON-NEGOTIABLE

NON-NEGOTIABLE

PRIMARY CARE NETWORK IDENTIFICATION CARD

UTAH DEPARTMENT OF HEALTH

ELIGIBLE FROM - JULY 1, 2002 THRU JULY 31, 2002

THIS ID CARD ENTITLES THE FOLLOWING NAMED PERSON(S) TO PRIMARY CARE/PHARMACY SERVICES/BASIC DENTAL SERVICES. THIS PROGRAM DOES NOT PROVIDE INPATIENT HOSPITAL CARE OR SPECIALTY CARE

PCN	PCN	PCN	PCN	PCN	PCN
NAME	ID	SEX	DOB	AGE	PRIMARY CARE NETWORK
DOE, JANE	9999999999	F	01APR60	42	A PARTICIPATING PROVIDER
/	/	/	/	/	DENTAL
/	/	/	/	/	A PARTICIPATING DENTIST

COPAY REQUIRED: PRIMARY CARE SERVICES, DENTAL, AND PHARMACY

CLIENT: PRESENT THIS CARD BEFORE RECEIVING PRIMARY CARE SERVICES. PLEASE KEEP THIS CARD FOR YOUR RECORDS. IF YOU HAVE QUESTIONS ABOUT THE USE OF THIS CARD OR QUESTIONS ABOUT THE SERVICES THIS PRIMARY CARE, PROGRAM PROVIDES, PLEASE CALL MEDICAID INFORMATION AT 538-6155 OR TOLL FREE 1-800-662-9651. ANY ATTEMPT TO MODIFY THIS CARD IN ANY WAY OR ALLOW USE BY UNAUTHORIZED PERSONS CONSTITUTES FRAUD.

PROVIDER: IF THIS PATIENT HAS MEDICAL INSURANCE COVERAGE INCLUDING MEDICARE, THE PATIENT IS NOT ELIGIBLE FOR THE PRIMARY NETWORK PROGRAM. IF THERE ARE ANY CHANGES ON INSURANCE COVERAGE, CALL THE TPL UNIT 1-800-821-2237. THIS IS THE END OF THE PCN IDENTIFICATION CARD. *****000191919 PC

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Reference: Primary Care Plan Manual

- ① Dates of medical eligibility
- ② Types of services covered
- ③ Primary Care Plan indicator
- ④ Client name
- ⑤ Identification Number
- ⑥ Sex is M or F: male/female
- ⑦ Date of birth
- ⑧ Age
- ⑨ Primary Care Network
- ⑩ Dental care provider
- ⑪ Copayment requirement
- ⑫ Information for client
- ⑬ Information for provider

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③ PCN	PCN	PCN	PCN	PCN	PCN
④ NAME DOE, JANE	⑤ ID 9999999999	⑥ SEX F	⑦ DOB 01APR60	⑧ AGE 42	⑨ PRIMARY CARE NETWORK A PARTICIPATING PROVIDER
/	/	/	/	/	⑩ DENTAL A PARTICIPATING DENTIST

⑪ COPAY REQUIRED: PRIMARY CARE SERVICES, DENTAL, AND PHARMACY

⑫ **CLIENT:** PRESENT THIS CARD BEFORE RECEIVING PRIMARY CARE SERVICES. PLEASE KEEP THIS CARD FOR YOUR RECORDS. IF YOU HAVE QUESTIONS ABOUT THE USE OF THIS CARD OR QUESTIONS ABOUT THE SERVICES THIS PRIMARY CARE, PROGRAM PROVIDES, PLEASE CALL MEDICAID INFORMATION AT 538-6155 OR TOLL FREE 1-800-662-9651. ANY ATTEMPT TO MODIFY THIS CARD IN ANY WAY OR ALLOW USE BY UNAUTHORIZED PERSONS CONSTITUTES FRAUD.

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